DR 7064 (09/04/13) **COLORADO DEPARTMENT OF REVENUE**Fuel Tax Unit, Room 200

P.O. Box 17087

Denver CO 80217-0087

(303) 205-8205

FUEL LICENSE APPLICATION BOOKLET



Instructions

- 1. This booklet must be completed by wholesale fuel distributors, suppliers, importers, exporters, terminal operators, blenders and carriers. Carriers who transport fuel they do not own (third party) must apply for a license.
- Complete all five pages of the enclosed application and return with applicable fees and bond.
- 3. All requested information must be provided. If a section does not apply to your company enter N.A.
- 4. If you need additional sheets for additional locations, copy the sheet, provide the requested information, and return with the application form.
- 5. Be sure to check the boxes for the types of fuel you want to be licensed to distribute on first page of application.
- 6. The application must be accompanied by all fees and the appropriate bond or it will not be processed.
- 7. Use Department form DR 0214 Fuel License Application Checklist available at www.TaxColorado.com to make sure all documents are included with this application.

Instructions to Complete the Application Form DR 7064 for Fuel Distributors

Who Must Apply: Any person or business operating in Colorado as a fuel distributor, supplier, importer, exporter, blender of fuel, carrier or terminal operator must be licensed as such.

Fuel distributors, suppliers, importers, exporters, and blenders of fuel will be required to report on the monthly fuel tax return DR 7050, collect, and remit taxes monthly.

Terminal Operators must be licensed in Colorado and provide their IRS terminal code. Third party terminal operators will be required to report transactions for receipts to the terminal by position holder, disbursements from the rack by position holder, and provide an inventory by position holder. The report is not a tax report; it rather provides accountability of fuel products moving through the terminal. A separate report is required for each terminal.

Common or Contract Carriers will be required to report all exports and imports of motor fuel leaving or coming into Colorado. They must also report all deliveries that are **diverted** from the bill of lading or manifest destination **to the Colorado Department of Revenue (DOR) within 24 hours.**

Application Requirements: You must provide all the information requested on the application form (DR 7064), the application fees and the original bond. A license will be issued upon approval of the application. **Note:** *Allow four to six weeks to receive the license.* If the application is not approved, you will be notified of the reason for denial, and all fees and bond will be returned to the applicant.

Completing The Application Form: If you have any questions about completing this form, call (303) 205-8205 for assistance.

Part I: Indicate the type of ownership of the business by placing an 'X' next to the appropriate box.

Enter the name of the applicant (i.e., the person's name if an individual, or legal business name if a corporation, etc.)

Trade name registration for individual and general partnerships must be done with the Colorado Secretary of State.

Provide the physical location where business will be conducted in Colorado. Do not use a P.O. Box. Also provide the mailing address where your licenses and correspondence will be mailed.

You must also provide the social security number if the business is owned by an individual, or the FEIN for a business entity such as a corporation.

The liability date or account effective date is the date your business was purchased or the start date of your business. Check the box for all of your business operations.

Part II: 1. Check the type of fuel your company will receive and/or disburse in Colorado. Estimate your Colorado monthly sales and tax liabilities, your bond requirement is based on your tax liability. (See application form DR 7064, part II 3A., for minimum/maximum amounts.)

- 2. Check the type of license(s) your company requires based on your company's operations. If you are an exporter or an importer, you are required to have a distributor's license. If you transport fuel for another company, you must be licensed as a carrier.
- 3. A. List the amount of the bond you are providing in the appropriate box.
 - B. The Colorado license fee is \$10.00 per application, and a \$5.00 fee for each additional Colorado location. (See Part V., page 3).
- 4. The application must be signed by the owner, authorized partner or officer of the company.

Part III: You must provide the information requested on owners and partners. Changes in corporate/company officers as a result of changes of ownership or equity position in a twelve month period require notification to the DOR within thirty days of the change.

Part IV: You must provide the information requested on corporate officers. (Make a copy and include if additional space is required.) Any equity interest or change of ownership amounting to 10% or greater in a twelve month period requires notification to the DOR within thirty days.

Part V: Provide all Colorado business locations, identify the type of fuel business, fuel storage, and fuel capacity at each location. A duplicate license is required for each additional Colorado location.

Part VI: Provide all information concerning imports and exports. If you are importing/exporting fuel from or to Colorado, you must provide your license number and jurisdiction (unless the other jurisdiction does not require a license - indicate by entering "Not Required"). If the license is required and not provided, the application will be denied. Indicate the type of fuel and gallons you will be exporting or importing.

Part VII: Provide all the requested information concerning the transportation of fuel.

Part VIII: All blenders must be licensed. You must provide the type and general characteristics of the products blended, purpose for blending, and the intended disposition of the blended products.

Part IX: Business/Financial Information - Provide the requested information.

- 1. List any other businesses in which you have an ownership or financial interest in Colorado.
- Provide the information concerning your bank affiliation.
- 3. Attach the requested financial information.

Mail the completed application, fees and bond to:

Colorado Department of Revenue Fuel Tax Unit, Room 200 P.O. Box 17087 Denver CO 80217-0087 (303) 205-8205 DR 7064 (09/04/13) COLORADO DEPARTMENT OF REVENUE

Fuel Tax Unit, Room 200 P.O. Box 17087 Denver CO 80217 - 0087

Fuel Distributors License Application



			New Applicatio	n 🗆	Amende	ed A	Application	า							
	e of Ownership Individual Corporation		General Partn		□ Ot	ther	r (Specify)):		Registration	on Numbe	r			
	Taxpayer Last Name (ow	ner, pa	rtners, or other b	usiness organization	on)			First Name	;	<u> </u>				Middle Initial	
LOCATION	Trade Name/Doing Busin	ness As	(if applicable) Co	orporations, limited	d partners	hips	s, and limite	ed liability of	compa	nies using th	eir true nan	ne d o	o not register	for trade name.	
/0C	Address of Principal Plac	e of Bu	siness		City						State	ZIF	D		
	County				City lim	its i	n which bu	siness is lo	ocated	(if applicable	e)	Tel	lephone		
BUSINESS	Mailing Address (if differe	ent from	above)		City						State	ZIF)		
	County		•		Telepho	one					FEIN (if u	nava	ailable, SSN)		
PRIMARY	Email Address														
	Primary Business Operat ☐ Refiner ☐ Blender ☐ Terminal Operator	•	☐ Wholesaler ☐ Other	Retailer	□Bro	oker	r 🗆	Common (Carrier		Liability D	ate-A	Account Effec	tive Date (MM/DD	D/YY)
	siness Operations/Lid eck the type of fuel(s)				ısiness a	and	provide th	ne month	ly esti	mates for t	he followin	ng fu	iel types:		
Gasoline/Gasohol Special Fuel			Avia	Aviation Gasoline		LNG	i	LPG	Total						
	Monthly Sales in gallons: X \$.22 X \$.205				5	Х	\$.06	_	\$.04	X .03	Χ	.03	X .03		
Month	nly Tax Liability:				-			_			.				
	ach type of fuel operat	-			e design	nate	ed on you	r fuel lice	nse. F	Per statute,	you may b	oe a	ssessed civ	il penalties for	
l	Distributor Supplier		☐ Importer	☐ Exporter			☐ Ble	ender		☐ Car	rier		Terminal Ope	erator IRS Termin	nal
	(If Importer or Expo (If Importer or Expo Colorado.) (If you have blendir	rter -	you must also	be licensed as	s a Distr	ribu	utor and r	eport all f	uel tra	ansactions	for receipt	s an	nd disbursen	nents in	
3 Δ	License Bond	ig ope	rations - you	iliust provide il	IIIOIIIIati	1011		orado Fuel							
The total bond amount must be equal to three times the mo- liability not to exceed \$200,000.00. The minimum bond allo gasoline and/or Special fuel is \$25,000.00. Aviation gasolin aviation jet fuel is considered gasoline for bond purposes.							The	Colorad	o licer			арр	lication, and	d a \$5.00 fee fo	or
☐ Negotiable Bond Amount \$				00	Application Fee(s)				\$ 0		00				
	☐ Surety Bond Amount			\$		00	<u>'</u>			n Fee Amo		\$			00
not be	nte may convert your check returned. If your check is rej	jected d	ue to insufficient o	or uncollected fund	s, the Depa	artm	nent of Reve	nue may co	ollect th	ne payment ai	nount direct	ly fro	om your bank a	ccount electronic	
	re under penalty of perju or Print Authorized Sign			a urat ure stateme	ints made	: IN T		Title	ue an	u complete	o the best	or m	y knowieage.		
Signature of Owner, Partner, or Corporate Officer								Date (MM/	DD/YY)	②		to	o the Color	eck payable ado Departme evenue	ent



III. Ownership/Partnership Information			
If your ownership is a corporation, is it publicly traded? Yell publicly traded, what is your stock symbol? If your Corporation is publicly traded, list all equity share holders list all owners. A copy of page 2, can be made if additional space (Name, Address, FEIN/SSN, Telephone, and Interest Owned)	s with an equity interest h	ith the Colorado Secre	etary of State?
(1) Owner or Partner Name (last, first, middle initial) (if corporation, s	state corporate name)	Ownership Equity Interes	st % Telephone
Address (residence or P.O. Box, street, city, state, ZIP)			SSN (FEIN if applicable)
(2) Owner or Partner Name (last, first, middle initial) (if corporation, s	state corporate name)	Ownership Equity Interes	st % Telephone
Address (residence or P.O. Box, street, city, state, ZIP)		<u> </u>	SSN (FEIN if applicable)
(3) Owner or Partner Name (last, first, middle initial) (if corporation, s	state corporate name)	Ownership Equity Interes	st % Telephone
Address (residence or P.O. Box, street, city, state, ZIP)			SSN (FEIN if applicable)
(4) Owner or Partner Name (last, first, middle initial) (if corporation, s	state corporate name)	Ownership Equity Interes	st % Telephone
Address (residence or P.O. Box, street, city, state, ZIP)	SSN (FEIN if applicable)		
(5) Owner or Partner Name (last, first, middle initial) (if corporation, s	state corporate name)	Ownership Equity Interes	st % Telephone
Address (residence or P.O. Box, street, city, state, ZIP)		<u> </u>	SSN (FEIN if applicable)
(6) Owner or Partner Name (last, first, middle initial) (if corporation, s	state corporate name)	Ownership Equity Interes	st % Telephone
Address (residence or P.O. Box, street, city, state, ZIP)			SSN (FEIN if applicable)
IV. Corporation - Corporate Officers	.		
Name	Title	Te	elephone
Name	Title	Te	elephone
Name	Title	Te	elephone
Name	Title	Te	elephone
Name	Title	Te	elephone

^{*}Any change of ownership or equity interest amounting to 10% or greater within a twelve month period requires mandatory notification to the Colorado Department of Revenue within 30 days.



V. Colorado Business Locations - Provide the following information for each business location in Colorado in which you have an ownership. Attach additional copies of sheets if necessary.

Trade Name/Doing Business As			
Street Address	City	State	ZIP
☐ Blending Facility ☐ Storage Facility ☐ Facility ☐ Service Station ☐ Wholesale	r □Broker □Te	erminal	ninal code:
Type of Fuel Stored and Capacity at Location (gallons) Gasoline Gasohol Special Fuel Aviation Jet Fuel Other		line	Duplicate fuel Distributor License Required Check Box
Trade Name/Doing Business As			
Street Address	City	State	ZIP
☐Blending Facility ☐Storage Facility ☐Facility ☐Service Station ☐Wholesale	r □Broker □Te	erminal IRS Term	ninal code:
Type of Fuel Stored and Capacity at Location (gallons) Gasoline Gasohol Special Fuel Aviation Jet Fuel Other		line	Duplicate fuel Distributor License Required Check Box
Trade Name/Doing Business As			
Street Address	City	State	ZIP
☐ Blending Facility ☐ Storage Facility ☐ Facility ☐ Service Station ☐ Wholesale	r □Broker □Te	erminal IRS Term	ninal code:
Type of Fuel Stored and Capacity at Location (gallons) Gasoline Gasoline Gasohol Special Fuel Aviation Jet Fuel Other		line	Duplicate fuel Distributor License Required Check Box
Trade Name/Doing Business As			
Street Address	City	State	ZIP
☐ Blending Facility ☐ Storage Facility ☐ Facility ☐ Service Station ☐ Wholesale	r □Broker □Te	erminal	ninal code:
Type of Fuel Stored and Capacity at Location (gallons) Gasoline Gasohol Special Fuel Aviation Jet Fuel Other		line	Duplicate fuel Distributor License Required Check Box
Trade Name/Doing Business As	_		
	Lou	10	
Street Address	City	State	ZIP
☐Blending Facility ☐Storage Facility ☐Facility ☐Service Station ☐Wholesale	r □Broker □Te	erminal	ninal code:
Type of Fuel Stored and Capacity at Location <i>(gallons)</i> Gasoline Gasoline Gasohol Special Fuel Aviation Jet Fuel Gother	☐ Aviation Gaso	line	Duplicate fuel Distributor License Required Check Box



VI. Import/	Export/License In	 formation			
Imports: Will you imp	oort fuel from anoth	er State? ☐ Yes ☐ N number(s), and type of fu	lo el. (Attach additiona	al schedule if necessary))
State	Your Lic# in S	St Supplier Name	Supplier Lic#	Type Fuel	Gallons (Est)
-					
Exports: Will you exp If yes, list st	oort fuel from Colora ate(s), buyer, licens	ado? □ Yes □ No se numbers, fuel and gall	ons. (Attach additio	nal schedule if necessar	·y)
State	Your Lic# in S		Buyer Lic#	Type Fuel	Gallons (Est)
VII. Transp	ortation Informati	on – required of distrib	utors, suppliers, e	xporters, importers &	blenders.
		es (as a third party carrie ny owned trucks in(to) Co)
If yes, r	number of company	owned trucks	Fleet capac		······································
If you transi		eans, check those which additional sheet.)	apply and provide of	carrier name and addres	s. (If additional space is
	lacii iiiioriiialiori ori				
	lacii iiiloiiilalioii oii	Carrier Na	me	Carrier A	Address
required, at	acri iniomation on		me	Carrier A	Address
required, at Type Pipeline	arrier/Contract		me	Carrier A	Address

Other



	lucts Blended				
Business	s/Financial Information			,	
List any b	ousinesses in which you have ar	n ownership or financial interest,	located in Colorado.		
Bus	iness Name	Address	City	State	ZIP
Bank Affil					
Bank Affil	iation Information:				
	iation Information: Name/Institution	Address	City	State	ZIP
		Address	City	State	ZIP
		Address	City	State	ZIP
		Address	City	State	ZIP
		Address	City	State	ZIP
Bank Affil		Address	City	State	ZIP
		Address	City	State	ZIP
		Address	City	State	ZIP
		Address	City	State	ZIP

assets, liabilities, net worth, income and expenses. The documents must be signed, certified and notarized by

the owner or authorized representative of the company.

VIII. Provide the following information for your blending operations (attach additional pages if necessary)

Product Blended